

Fill in this information to identify the case:

Debtor name **MBF Inspection Services, Inc.**

United States Bankruptcy Court for the: **DISTRICT OF NEW MEXICO**

Case number (if known) **18-11579**

Check if this is an amended filing

**Official Form 206Sum
Summary of Assets and Liabilities for Non-Individuals**

12/15

Part 1: Summary of Assets

1. Schedule A/B: Assets-Real and Personal Property (Official Form 206A/B)

1a. Real property:

Copy line 88 from *Schedule A/B*..... \$ **0.00**

1b. Total personal property:

Copy line 91A from *Schedule A/B*..... \$ **8,480,137.00**

1c. Total of all property:

Copy line 92 from *Schedule A/B*..... \$ **8,480,137.00**

Part 2: Summary of Liabilities

2. Schedule D: Creditors Who Have Claims Secured by Property (Official Form 206D)

Copy the total dollar amount listed in Column A, *Amount of claim*, from line 3 of *Schedule D*..... \$ **3,479,317.47**

3. Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 206E/F)

3a. Total claim amounts of priority unsecured claims:

Copy the total claims from Part 1 from line 5a of *Schedule E/F*..... \$ **135,475.12**

3b. Total amount of claims of nonpriority amount of unsecured claims:

Copy the total of the amount of claims from Part 2 from line 5b of *Schedule E/F*..... +\$ **267,544.22**

4. Total liabilities
Lines 2 + 3a + 3b

\$ **3,882,336.81**

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Case number (if known) **18-11579**

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Official Form 206A/B

Schedule A/B: Assets - Real and Personal Property

12/15

Disclose all property, real and personal, which the debtor owns or in which the debtor has any other legal, equitable, or future interest. Include all property in which the debtor holds rights and powers exercisable for the debtor's own benefit. Also include assets and properties which have no book value, such as fully depreciated assets or assets that were not capitalized. In Schedule A/B, list any executory contracts or unexpired leases. Also list them on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G).

Be as complete and accurate as possible. If more space is needed, attach a separate sheet to this form. At the top of any pages added, write the debtor's name and case number (if known). Also identify the form and line number to which the additional information applies. If an additional sheet is attached, include the amounts from the attachment in the total for the pertinent part.

For Part 1 through Part 11, list each asset under the appropriate category or attach separate supporting schedules, such as a fixed asset schedule or depreciation schedule, that gives the details for each asset in a particular category. List each asset only once. In valuing the debtor's interest, do not deduct the value of secured claims. See the instructions to understand the terms used in this form.

Part 1: Cash and cash equivalents

1. Does the debtor have any cash or cash equivalents?

No. Go to Part 2.

Yes Fill in the information below.

All cash or cash equivalents owned or controlled by the debtor

Current value of debtor's interest

3. Checking, savings, money market, or financial brokerage accounts (*Identify all*)

Name of institution (bank or brokerage firm) Type of account

Last 4 digits of account number

3.1. **Ebay Account** \$1,875.00

3.2. **Valley Bank - Certificate Of Deposit** \$250,053.00

3.3. **Wells Fargo - Certificate Of Deposit** \$263,902.00

3.4. **Bank Of The Southwest** \$1,621,814.00

4. Other cash equivalents (*Identify all*)

5. Total of Part 1.

Add lines 2 through 4 (including amounts on any additional sheets). Copy the total to line 80.

\$2,137,644.00

Part 2: Deposits and Prepayments

6. Does the debtor have any deposits or prepayments?

No. Go to Part 3.

Yes Fill in the information below.

Debtor **MBF Inspection Services, Inc.**
Name

Case number (*If known*) **18-11579**

Part 3: Accounts receivable

10. Does the debtor have any accounts receivable?

- No. Go to Part 4.
 Yes Fill in the information below.

11. Accounts receivable

11a. 90 days old or less:	<u>4,276,861.00</u>	-	<u>0.00</u>	=	<u>\$4,276,861.00</u>
	face amount		doubtful or uncollectible accounts		

12. Total of Part 3.

Current value on lines 11a + 11b = line 12. Copy the total to line 82.

\$4,276,861.00

Part 4: Investments

13. Does the debtor own any investments?

- No. Go to Part 5.
 Yes Fill in the information below.

Part 5: Inventory, excluding agriculture assets

18. Does the debtor own any inventory (excluding agriculture assets)?

- No. Go to Part 6.
 Yes Fill in the information below.

Part 6: Farming and fishing-related assets (other than titled motor vehicles and land)

27. Does the debtor own or lease any farming and fishing-related assets (other than titled motor vehicles and land)?

- No. Go to Part 7.
 Yes Fill in the information below.

Part 7: Office furniture, fixtures, and equipment; and collectibles

38. Does the debtor own or lease any office furniture, fixtures, equipment, or collectibles?

- No. Go to Part 8.
 Yes Fill in the information below.

General description	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
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39. Office furniture

40. Office fixtures

41. Office equipment, including all computer equipment and communication systems equipment and software

<u>Leasehold Improvements</u>	<u>\$0.00</u>	<u>\$29,882.00</u>
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42. Collectibles Examples: Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; china and crystal; stamp, coin, or baseball card collections; other collections, memorabilia, or collectibles

Debtor **MBF Inspection Services, Inc.**
Name

Case number (*If known*) **18-11579**

43. **Total of Part 7.**
Add lines 39 through 42. Copy the total to line 86. **\$29,882.00**
44. **Is a depreciation schedule available for any of the property listed in Part 7?**
 No
 Yes
45. **Has any of the property listed in Part 7 been appraised by a professional within the last year?**
 No
 Yes

Part 8: Machinery, equipment, and vehicles

46. **Does the debtor own or lease any machinery, equipment, or vehicles?**

- No. Go to Part 9.
 Yes Fill in the information below.

General description Include year, make, model, and identification numbers (i.e., VIN, HIN, or N-number)	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
47. Automobiles, vans, trucks, motorcycles, trailers, and titled farm vehicles			
48. Watercraft, trailers, motors, and related accessories Examples: Boats, trailers, motors, floating homes, personal watercraft, and fishing vessels			
49. Aircraft and accessories			
50. Other machinery, fixtures, and equipment (excluding farm machinery and equipment) Leased equipment and vehicles from <u>Inspection Leasing, Inc.</u>	<u>\$0.00</u>		<u>Unknown</u>

51. **Total of Part 8.**
Add lines 47 through 50. Copy the total to line 87. **\$0.00**
52. **Is a depreciation schedule available for any of the property listed in Part 8?**
 No
 Yes
53. **Has any of the property listed in Part 8 been appraised by a professional within the last year?**
 No
 Yes

Part 9: Real property

54. **Does the debtor own or lease any real property?**

- No. Go to Part 10.
 Yes Fill in the information below.

55. **Any building, other improved real estate, or land which the debtor owns or in which the debtor has an interest**

Description and location of property Include street address or other description such as Assessor Parcel Number (APN), and type of property (for example, acreage, factory, warehouse,	Nature and extent of debtor's interest in property	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest

Debtor **MBF Inspection Services, Inc.** _____

Case number (*If known*) **18-11579** _____

apartment or office building, if
available. _____

55.1. **Office building
leased from 805
Partners, LLC**

\$0.00

Unknown

56. **Total of Part 9.**

\$0.00

Add the current value on lines 55.1 through 55.6 and entries from any additional sheets.
Copy the total to line 88.

57. **Is a depreciation schedule available for any of the property listed in Part 9?**

- No
 Yes

58. **Has any of the property listed in Part 9 been appraised by a professional within the last year?**

- No
 Yes

Part 10: Intangibles and intellectual property

59. **Does the debtor have any interests in intangibles or intellectual property?**

No. Go to Part 11.

Yes Fill in the information below.

General description	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
60. Patents, copyrights, trademarks, and trade secrets			
61. Internet domain names and websites <u>www.mbfinspection.com</u>	<u>\$0.00</u>		<u>\$0.00</u>

62. Licenses, franchises, and royalties

63. Customer lists, mailing lists, or other compilations

64. Other intangibles, or intellectual property

65. Goodwill

66. **Total of Part 10.**

\$0.00

Add lines 60 through 65. Copy the total to line 89.

67. **Do your lists or records include personally identifiable information of customers (as defined in 11 U.S.C. §§ 101(41A) and 107)?**

- No
 Yes

68. **Is there an amortization or other similar schedule available for any of the property listed in Part 10?**

- No
 Yes

69. **Has any of the property listed in Part 10 been appraised by a professional within the last year?**

- No
 Yes

Part 11: All other assets

70. **Does the debtor own any other assets that have not yet been reported on this form?**

Debtor **MBF Inspection Services, Inc.**
Name

Case number (*If known*) **18-11579**

Include all interests in executory contracts and unexpired leases not previously reported on this form.

- No. Go to Part 12.
 Yes Fill in the information below.

		Current value of debtor's interest
71.	Notes receivable Description (include name of obligor) Employee advance payments to Emily Molinar	<u>250.00</u> - <u>0.00</u> = <u>\$250.00</u> Total face amount doubtful or uncollectible amount
72.	Tax refunds and unused net operating losses (NOLs) Description (for example, federal, state, local)	
73.	Interests in insurance policies or annuities	
74.	Causes of action against third parties (whether or not a lawsuit has been filed)	
75.	Other contingent and unliquidated claims or causes of action of every nature, including counterclaims of the debtor and rights to set off claims	
76.	Trusts, equitable or future interests in property	
77.	Other property of any kind not already listed Examples: Season tickets, country club membership	
	Work In Process	\$2,035,500.00
78.	Total of Part 11. Add lines 71 through 77. Copy the total to line 90.	\$2,035,750.00
79.	Has any of the property listed in Part 11 been appraised by a professional within the last year?	
	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Part 12: Summary**In Part 12 copy all of the totals from the earlier parts of the form**

Type of property	Current value of personal property	Current value of real property
80. Cash, cash equivalents, and financial assets. <i>Copy line 5, Part 1</i>	<u>\$2,137,644.00</u>	
81. Deposits and prepayments. <i>Copy line 9, Part 2.</i>	<u>\$0.00</u>	
82. Accounts receivable. <i>Copy line 12, Part 3.</i>	<u>\$4,276,861.00</u>	
83. Investments. <i>Copy line 17, Part 4.</i>	<u>\$0.00</u>	
84. Inventory. <i>Copy line 23, Part 5.</i>	<u>\$0.00</u>	
85. Farming and fishing-related assets. <i>Copy line 33, Part 6.</i>	<u>\$0.00</u>	
86. Office furniture, fixtures, and equipment; and collectibles. <i>Copy line 43, Part 7.</i>	<u>\$29,882.00</u>	
87. Machinery, equipment, and vehicles. <i>Copy line 51, Part 8.</i>	<u>\$0.00</u>	
88. Real property. <i>Copy line 56, Part 9.....></i>		<u>\$0.00</u>
89. Intangibles and intellectual property. <i>Copy line 66, Part 10.</i>	<u>\$0.00</u>	
90. All other assets. <i>Copy line 78, Part 11.</i>	<u>+ \$2,035,750.00</u>	
91. Total. Add lines 80 through 90 for each column	<u>\$8,480,137.00</u>	+ 91b. <u>\$0.00</u>
92. Total of all property on Schedule A/B. Add lines 91a+91b=92		<u>\$8,480,137.00</u>

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Official Form 206D

Schedule D: Creditors Who Have Claims Secured by Property

12/15

Be as complete and accurate as possible.

1. Do any creditors have claims secured by debtor's property?

- No. Check this box and submit page 1 of this form to the court with debtor's other schedules. Debtor has nothing else to report on this form.
 Yes. Fill in all of the information below.

Part 1: List Creditors Who Have Secured Claims

2. List in alphabetical order all creditors who have secured claims. If a creditor has more than one secured claim, list the creditor separately for each claim.

		Column A Amount of claim	Column B Value of collateral that supports this claim
2.1	Inspection Leasing, Inc. Creditor's Name 805 N. Richardson Roswell, NM 88201 Creditor's mailing address Creditor's email address, if known Date debt was incurred Last 4 digits of account number Do multiple creditors have an interest in the same property? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Specify each creditor, including this creditor and its relative priority.	Describe debtor's property that is subject to a lien A/R & WIP Describe the lien Is the creditor an insider or related party? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Is anyone else liable on this claim? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Fill out <i>Schedule H: Codebtors</i> (Official Form 206H) As of the petition filing date, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$2,978,639.39 \$6,912,611.00
2.2	Valley Bank Of Commerce Creditor's Name 217 W. 2nd St. Roswell, NM 88201 Creditor's mailing address Creditor's email address, if known Date debt was incurred Last 4 digits of account number Do multiple creditors have an interest in the same property? Check all that apply	Describe debtor's property that is subject to a lien CD Describe the lien Is the creditor an insider or related party? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Is anyone else liable on this claim? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Fill out <i>Schedule H: Codebtors</i> (Official Form 206H) As of the petition filing date, the claim is: Check all that apply	\$250,678.08 \$250,678.08

Debtor **MBF Inspection Services, Inc.** _____

Case number (if known) _____

18-11579

Name _____

No

Yes. Specify each creditor,
including this creditor and its relative
priority.

- Contingent
 Unliquidated
 Disputed

2.3 **Wells Fargo (Liberty Mutual)**
Creditor's Name _____

Describe debtor's property that is subject to a lien
CD

\$250,000.00

\$250,000.00

Creditor's mailing address _____

Describe the lien

Is the creditor an insider or related party?

No

Yes

Is anyone else liable on this claim?

No

Yes. Fill out Schedule H: Codebtors (Official Form 206H)

Date debt was incurred _____

Last 4 digits of account number _____

Do multiple creditors have an
interest in the same property?

No

Yes. Specify each creditor,
including this creditor and its relative
priority.

As of the petition filing date, the claim is:

Check all that apply

- Contingent
 Unliquidated
 Disputed

3. Total of the dollar amounts from Part 1, Column A, including the amounts from the Additional Page, if any.

\$3,479,317.4

7

Part 2: List Others to Be Notified for a Debt Already Listed in Part 1

List in alphabetical order any others who must be notified for a debt already listed in Part 1. Examples of entities that may be listed are collection agencies, assignees of claims listed above, and attorneys for secured creditors.

If no others need to be notified for the debts listed in Part 1, do not fill out or submit this page. If additional pages are needed, copy this page.

Name and address _____

On which line in Part 1 did
you enter the related creditor? _____

Last 4 digits of
account number for
this entity _____

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Official Form 206E/F

Schedule E/F: Creditors Who Have Unsecured Claims

12/15

Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY unsecured claims and Part 2 for creditors with NONPRIORITY unsecured claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on Schedule A/B: Assets - Real and Personal Property (Official Form 206A/B) and on Schedule G: Executory Contracts and Unexpired Leases (Official Form 206G). Number the entries in Parts 1 and 2 in the boxes on the left. If more space is needed for Part 1 or Part 2, fill out and attach the Additional Page of that Part included in this form.

Part 1: List All Creditors with PRIORITY Unsecured Claims

1. Do any creditors have priority unsecured claims? (See 11 U.S.C. § 507).

- No. Go to Part 2.
 Yes. Go to line 2.

2. List in alphabetical order all creditors who have unsecured claims that are entitled to priority in whole or in part. If the debtor has more than 3 creditors with priority unsecured claims, fill out and attach the Additional Page of Part 1.

	Total claim	Priority amount
2.1 Priority creditor's name and mailing address Employee Garnishment See Attachment	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$9,351.57 \$9,351.57
Date or dates debt was incurred	Basis for the claim: See Attachment	
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.2 Priority creditor's name and mailing address Unpaid 401 k See Attachment	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$17,183.56 \$17,183.56
Date or dates debt was incurred	Basis for the claim: See Attachment	
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (5)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.3 Priority creditor's name and mailing address Unpaid Insurance See Attachment	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$10,333.44 \$10,333.44
Date or dates debt was incurred	Basis for the claim: See Attachments	
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Debtor	MBF Inspection Services, Inc.	Case number (if known)	18-11579
Name			
2.4	Priority creditor's name and mailing address Unpaid Loan Interest See Attachment	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$8,412.73 \$8,412.73
		<input type="checkbox"/> Contingent	
		<input type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
Date or dates debt was incurred		Basis for the claim: See Attachment	
Last 4 digits of account number		Is the claim subject to offset?	
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)		<input checked="" type="checkbox"/> No	
		<input type="checkbox"/> Yes	
2.5	Priority creditor's name and mailing address Unpaid Rent	As of the petition filing date, the claim is:	\$8,500.00 \$8,500.00
		<i>Check all that apply.</i>	
		<input type="checkbox"/> Contingent	
		<input type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
Date or dates debt was incurred		Basis for the claim: See Attachment	
Last 4 digits of account number		Is the claim subject to offset?	
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)		<input checked="" type="checkbox"/> No	
		<input type="checkbox"/> Yes	
2.6	Priority creditor's name and mailing address Unpaid Taxes * See Attachment	As of the petition filing date, the claim is:	\$81,693.82 \$8,500.00
		<i>Check all that apply.</i>	
		<input type="checkbox"/> Contingent	
		<input type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
Date or dates debt was incurred		Basis for the claim: Unpaid Taxes	
Last 4 digits of account number		Is the claim subject to offset?	
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)		<input checked="" type="checkbox"/> No	
		<input type="checkbox"/> Yes	

Part 2: List All Creditors with NONPRIORITY Unsecured Claims

3. List in alphabetical order all of the creditors with nonpriority unsecured claims. If the debtor has more than 6 creditors with nonpriority unsecured claims, fill out and attach the Additional Page of Part 2.

Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: <i>Check all that apply.</i>	Amount of claim
Accent Flowers 3110 N. Main Roswell, NM 88201	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$88.96
Date(s) debt was incurred _	Basis for the claim: _	
Last 4 digits of account number _	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
Allied Digital Security, Inc PO Box 821 Roswell, NM 88202	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$37.49
Date(s) debt was incurred _	Basis for the claim: _	
Last 4 digits of account number _	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

* Taxes incurred during the normal course of business and will be paid by due date.

3.3	Nonpriority creditor's name and mailing address Amanda Craig 609 N Goldsmith Ave Goldsmith, TX 79741	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	\$2,915.00
	Date(s) debt was incurred _____ Last 4 digits of account number _____	Basis for the claim: Stat.labor Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.4	Nonpriority creditor's name and mailing address American Express PO Box 30384 Salt Lake City, UT 84130	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$6,405.17
	Date(s) debt was incurred _____ Last 4 digits of account number 1003	Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.5	Nonpriority creditor's name and mailing address Anthony Rice 1195 Dawson Road Brighton, TN 38011	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	Unknown
	Date(s) debt was incurred _____ Last 4 digits of account number _____	Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.6	Nonpriority creditor's name and mailing address Audrey Tsinnie-Gilmore 22359 Gull Lake Drive Nisswa, MN 56468	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	Unknown
	Date(s) debt was incurred _____ Last 4 digits of account number _____	Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.7	Nonpriority creditor's name and mailing address Backgrounds Online 1915 21st St. Sacramento, CA 95811	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$2,288.30
	Date(s) debt was incurred _____ Last 4 digits of account number _____	Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.8	Nonpriority creditor's name and mailing address Benchmark Business Solutions, Inc L-3845 Columbus, OH 43260	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$31.67
	Date(s) debt was incurred _____ Last 4 digits of account number _____	Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.9	Nonpriority creditor's name and mailing address Benjamin Bolton 2116 W 21st Ave Kennewick, WA 99337	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	Unknown
	Date(s) debt was incurred _____ Last 4 digits of account number _____	Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.10	Nonpriority creditor's name and mailing address Bob Reed Pest Control 1206 W Hobbs Roswell, NM 88203	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$172.53
	Date(s) debt was incurred _____ Last 4 digits of account number _____	Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Debtor	MBF Inspection Services, Inc.	Case number (if known)	18-11579
Name _____			
3.11	Nonpriority creditor's name and mailing address Bryan Malone 712 West Ave. Levelland, TX 79336	As of the petition filing date, the claim is: <i>Check all that apply.</i>	Unknown
		<input type="checkbox"/> Contingent	
		<input type="checkbox"/> Unliquidated	
		<input checked="" type="checkbox"/> Disputed	
	Date(s) debt was incurred _____	Basis for the claim: _____	
	Last 4 digits of account number _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.12	Nonpriority creditor's name and mailing address Capitol One PO Box 30285 Salt Lake City, UT 84130-0287	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$3,458.57
		<input type="checkbox"/> Contingent	
		<input type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
	Date(s) debt was incurred _____	Basis for the claim: _____	
	Last 4 digits of account number <u>4460</u>	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.13	Nonpriority creditor's name and mailing address Carpet Clinic, Inc 722 S. Sunset, Suite B Roswell, NM 88203	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$1,599.75
		<input type="checkbox"/> Contingent	
		<input type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
	Date(s) debt was incurred _____	Basis for the claim: _____	
	Last 4 digits of account number _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.14	Nonpriority creditor's name and mailing address Casey Chadborn 602 Locust St Clayton, NM 88415	As of the petition filing date, the claim is: <i>Check all that apply.</i>	Unknown
		<input type="checkbox"/> Contingent	
		<input type="checkbox"/> Unliquidated	
		<input checked="" type="checkbox"/> Disputed	
	Date(s) debt was incurred _____	Basis for the claim: _____	
	Last 4 digits of account number _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.15	Nonpriority creditor's name and mailing address Charles King 216 Tasono Victoria, TX 77904	As of the petition filing date, the claim is: <i>Check all that apply.</i>	Unknown
		<input type="checkbox"/> Contingent	
		<input type="checkbox"/> Unliquidated	
		<input checked="" type="checkbox"/> Disputed	
	Date(s) debt was incurred _____	Basis for the claim: _____	
	Last 4 digits of account number _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.16	Nonpriority creditor's name and mailing address Concho Resources, Inc. c/o Corey Devine 1201 Louisiana Street, Suite 850 Houston, TX 77002	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$1.00
		<input checked="" type="checkbox"/> Contingent	
		<input type="checkbox"/> Unliquidated	
		<input checked="" type="checkbox"/> Disputed	
	Date(s) debt was incurred _____	Basis for the claim: <u>Indemnity</u>	
	Last 4 digits of account number _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.17	Nonpriority creditor's name and mailing address David E. Brown Jr. 222 Cypress Lane Natchitoches, LA 71457	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$4,977.00
		<input type="checkbox"/> Contingent	
		<input type="checkbox"/> Unliquidated	
		<input checked="" type="checkbox"/> Disputed	
	Date(s) debt was incurred _____	Basis for the claim: <u>Stat.labor</u>	
	Last 4 digits of account number _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.18	Nonpriority creditor's name and mailing address David L Berryman 709 E Scharbauer Hobbs, NM 88240	As of the petition filing date, the claim is: <i>Check all that apply.</i>	Unknown
		<input type="checkbox"/> Contingent	
		<input type="checkbox"/> Unliquidated	
		<input checked="" type="checkbox"/> Disputed	
	Date(s) debt was incurred _____	Basis for the claim: _____	
	Last 4 digits of account number _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Debtor	MBF Inspection Services, Inc.	Case number (if known)	18-11579
Name _____			
3.19	Nonpriority creditor's name and mailing address Dennis Decker 2012 CR 214 Durango, CO 81303	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	Unknown
Date(s) debt was incurred _____ Last 4 digits of account number _____		Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.20	Nonpriority creditor's name and mailing address Dustin Campbell 3006 Bandolina Roswell, NM 88201	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	Unknown
Date(s) debt was incurred _____ Last 4 digits of account number _____		Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.21	Nonpriority creditor's name and mailing address Eddie Sellers PO Box 823 Artesia, NM 88211	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	Unknown
Date(s) debt was incurred _____ Last 4 digits of account number _____		Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.22	Nonpriority creditor's name and mailing address Elton Pennington 6220 S. Morris Rd. Carlsbad, NM 88220	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	Unknown
Date(s) debt was incurred _____ Last 4 digits of account number _____		Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.23	Nonpriority creditor's name and mailing address Emerald Lawn & Sprinkler 1526 N. Kansas Roswell, NM 88201	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$285.76
Date(s) debt was incurred _____ Last 4 digits of account number _____		Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.24	Nonpriority creditor's name and mailing address Ernie Tyson PO Box 901 Oologah, OK 74053	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	Unknown
Date(s) debt was incurred _____ Last 4 digits of account number _____		Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.25	Nonpriority creditor's name and mailing address Frank D. Brown 2175 N Trikell Rd #A-9 Casa Grande, AZ 85122	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	Unknown
Date(s) debt was incurred _____ Last 4 digits of account number _____		Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.26	Nonpriority creditor's name and mailing address Gary Brooks 2848 Cochrane Loop McAlester, OK 74501	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	Unknown
Date(s) debt was incurred _____ Last 4 digits of account number _____		Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Debtor	MBF Inspection Services, Inc.	Case number (if known)	18-11579
Name			
3.27	Nonpriority creditor's name and mailing address Gary Klug 3004 Colfax Carlsbad, NM 88220 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown
3.28	Nonpriority creditor's name and mailing address Gary Marshall 812 Lynchburg Highway Mulberry, TN 37359 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown
3.29	Nonpriority creditor's name and mailing address Glynn Estess PO Box 181 Osyka, MS 39657 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Stat.labor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$56,798.68
3.30	Nonpriority creditor's name and mailing address Hatchet Construction PO Box 6003 Roswell, NM 88202 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$500.00
3.31	Nonpriority creditor's name and mailing address Intak Rental & Supply, LLC Houma, LA 70361 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,555.00
3.32	Nonpriority creditor's name and mailing address James Isanhart 4920 Pompano Dr. New Port Richey, FL 34652 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Stat.labor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$4,197.73
3.33	Nonpriority creditor's name and mailing address James Jenkins 2101 Blood Bend Rd Saint Landry, LA 71367 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Stat.labor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$24,393.43
3.34	Nonpriority creditor's name and mailing address James Klug 605 N. Chestnut Carlsbad, NM 88220 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Stat.labor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$9,423.46

Debtor	MBF Inspection Services, Inc.	Case number (if known)	18-11579
Name _____			
3.35	Nonpriority creditor's name and mailing address James Klug 605 N. Chestnut Carlsbad, NM 88220	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	Unknown
Date(s) debt was incurred _____ Last 4 digits of account number _____		Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.36	Nonpriority creditor's name and mailing address James Silvia 28857 Avd De Las Flores Sun City, CA 92587	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	Unknown
Date(s) debt was incurred _____ Last 4 digits of account number _____		Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.37	Nonpriority creditor's name and mailing address Jason Hale 638 Bernard Rd Pioneer, LA 71266	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	Unknown
Date(s) debt was incurred _____ Last 4 digits of account number _____		Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.38	Nonpriority creditor's name and mailing address Jeffrey Schild 2660 Whispering Trail Little Elm, TX 75068	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	Unknown
Date(s) debt was incurred _____ Last 4 digits of account number _____		Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.39	Nonpriority creditor's name and mailing address Jeremy McCullough 2961 Mawpat Drive Lovington, NM 88260	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	Unknown
Date(s) debt was incurred _____ Last 4 digits of account number _____		Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.40	Nonpriority creditor's name and mailing address Jesse Smith 1 Matro Ave Berlin, NJ 08009	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	Unknown
Date(s) debt was incurred _____ Last 4 digits of account number _____		Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.41	Nonpriority creditor's name and mailing address John Bass 1467 Nicely Rd. Blanchester, OH 45107	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	\$4,057.68
Date(s) debt was incurred _____ Last 4 digits of account number _____		Basis for the claim: <u>Stat.labor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.42	Nonpriority creditor's name and mailing address John Hansen 225 Ice Pond Rd. Brewster, NY 10509	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	Unknown
Date(s) debt was incurred _____ Last 4 digits of account number _____		Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

3.43	Nonpriority creditor's name and mailing address John Jenkins 5031 Redwood Drive Monroe, MI 48161	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	Unknown
	Date(s) debt was incurred _____	Basis for the claim: _____	
	Last 4 digits of account number _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.44	Nonpriority creditor's name and mailing address Johnnie Dicks 17 Shennecock Court Aiken, SC 29803	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	Unknown
	Date(s) debt was incurred _____	Basis for the claim: _____	
	Last 4 digits of account number _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.45	Nonpriority creditor's name and mailing address Johnny Bales 8953 Hwy 10 Tahlequah, OK 74464	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	Unknown
	Date(s) debt was incurred _____	Basis for the claim: _____	
	Last 4 digits of account number _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.46	Nonpriority creditor's name and mailing address Johnny Ray Hughes 2414 W Fir Lovington, NM 88260	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	Unknown
	Date(s) debt was incurred _____	Basis for the claim: _____	
	Last 4 digits of account number _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.47	Nonpriority creditor's name and mailing address Johnny Woods 919 S Roselawn Artesia, NM 88210	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	Unknown
	Date(s) debt was incurred _____	Basis for the claim: _____	
	Last 4 digits of account number _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.48	Nonpriority creditor's name and mailing address Kari Geldert 93 Three Mile Creek Rd Fort Bridger, WY 82933	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	\$16,524.92
	Date(s) debt was incurred _____	Basis for the claim: <u>Stat.labor</u>	
	Last 4 digits of account number _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.49	Nonpriority creditor's name and mailing address Kevin Greaves 310 Perry Road Woodbine, NJ 08270	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	Unknown
	Date(s) debt was incurred _____	Basis for the claim: _____	
	Last 4 digits of account number _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.50	Nonpriority creditor's name and mailing address Kyle Wimberly 207 Koldin Dr. Aledo, TX 76008	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	\$11,938.48
	Date(s) debt was incurred _____	Basis for the claim: <u>Stat.labor</u>	
	Last 4 digits of account number _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Debtor	MBF Inspection Services, Inc.	Case number (if known)	18-11579
Name			
3.51	Nonpriority creditor's name and mailing address Larry Alexander 12201 Hwy 35 N Kosciusko, MS 39090	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$22,291.69
	Date(s) debt was incurred _____	<input type="checkbox"/> Contingent	
	Last 4 digits of account number _____	<input type="checkbox"/> Unliquidated	
		<input checked="" type="checkbox"/> Disputed	
	Basis for the claim: Stat.labor		
	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
3.52	Nonpriority creditor's name and mailing address Larry Lunsford PO Box 733 Carlsbad, NM 88221	As of the petition filing date, the claim is: <i>Check all that apply.</i>	Unknown
	Date(s) debt was incurred _____	<input type="checkbox"/> Contingent	
	Last 4 digits of account number _____	<input type="checkbox"/> Unliquidated	
		<input checked="" type="checkbox"/> Disputed	
	Basis for the claim: _____		
	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
3.53	Nonpriority creditor's name and mailing address Lisa McCurry 341 N. Bar Ct. Myrtle Beach, SC 29579	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$3,579.72
	Date(s) debt was incurred _____	<input type="checkbox"/> Contingent	
	Last 4 digits of account number _____	<input type="checkbox"/> Unliquidated	
		<input checked="" type="checkbox"/> Disputed	
	Basis for the claim: Stat.labor		
	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
3.54	Nonpriority creditor's name and mailing address Marilyn Goins 1202 Spring Branch Drive Baytown, TX 77523	As of the petition filing date, the claim is: <i>Check all that apply.</i>	Unknown
	Date(s) debt was incurred _____	<input type="checkbox"/> Contingent	
	Last 4 digits of account number _____	<input type="checkbox"/> Unliquidated	
		<input checked="" type="checkbox"/> Disputed	
	Basis for the claim: _____		
	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
3.55	Nonpriority creditor's name and mailing address Mark Granahan 411 E Sadosa Eastland, TX 76448	As of the petition filing date, the claim is: <i>Check all that apply.</i>	Unknown
	Date(s) debt was incurred _____	<input type="checkbox"/> Contingent	
	Last 4 digits of account number _____	<input type="checkbox"/> Unliquidated	
		<input checked="" type="checkbox"/> Disputed	
	Basis for the claim: _____		
	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
3.56	Nonpriority creditor's name and mailing address Michael Shepherd 2390 N. Hillcrest Rd. Vincennes, IN 47591	As of the petition filing date, the claim is: <i>Check all that apply.</i>	Unknown
	Date(s) debt was incurred _____	<input type="checkbox"/> Contingent	
	Last 4 digits of account number _____	<input type="checkbox"/> Unliquidated	
		<input checked="" type="checkbox"/> Disputed	
	Basis for the claim: _____		
	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
3.57	Nonpriority creditor's name and mailing address Michael Steiner 50 Emery St. #47 Pahrump, NV 89048	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$6,254.92
	Date(s) debt was incurred _____	<input type="checkbox"/> Contingent	
	Last 4 digits of account number _____	<input type="checkbox"/> Unliquidated	
		<input checked="" type="checkbox"/> Disputed	
	Basis for the claim: Stat.labor		
	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
3.58	Nonpriority creditor's name and mailing address Michael Thompson 324 E Derrick Carlsbad, NM 88220	As of the petition filing date, the claim is: <i>Check all that apply.</i>	Unknown
	Date(s) debt was incurred _____	<input type="checkbox"/> Contingent	
	Last 4 digits of account number _____	<input type="checkbox"/> Unliquidated	
		<input checked="" type="checkbox"/> Disputed	
	Basis for the claim: _____		
	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor	MBF Inspection Services, Inc.	Case number (if known)	18-11579
Name _____			
3.59	Nonpriority creditor's name and mailing address Michelle Lee 13805 Limestone Rd Kingston, OK 73439	As of the petition filing date, the claim is: <i>Check all that apply.</i>	Unknown
		<input type="checkbox"/> Contingent	
		<input type="checkbox"/> Unliquidated	
		<input checked="" type="checkbox"/> Disputed	
Date(s) debt was incurred _____		Basis for the claim: _____	
Last 4 digits of account number _____		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.60	Nonpriority creditor's name and mailing address NCCER 13614 Progress Blvd Alachua, FL 32615	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$15.00
		<input type="checkbox"/> Contingent	
		<input type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
Date(s) debt was incurred _____		Basis for the claim: _____	
Last 4 digits of account number _____		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.61	Nonpriority creditor's name and mailing address Nice Ice Co 801 W 2nd St Roswell, NM 88201	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$21.47
		<input type="checkbox"/> Contingent	
		<input type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
Date(s) debt was incurred _____		Basis for the claim: _____	
Last 4 digits of account number <u>0740</u>		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.62	Nonpriority creditor's name and mailing address Nice Ice Co. 801 W 2nd St. Roswell, NM 88201	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$28.21
		<input type="checkbox"/> Contingent	
		<input type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
Date(s) debt was incurred _____		Basis for the claim: _____	
Last 4 digits of account number _____		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.63	Nonpriority creditor's name and mailing address Nice Ice Co. 801 W 2nd St. Roswell, NM 88201	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$21.47
		<input type="checkbox"/> Contingent	
		<input type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
Date(s) debt was incurred <u>6/13/18</u>		Basis for the claim: _____	
Last 4 digits of account number _____		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.64	Nonpriority creditor's name and mailing address Nice Ice Co. 801 W. 2nd St Roswell, NM 88201	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$14.73
		<input type="checkbox"/> Contingent	
		<input type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
Date(s) debt was incurred <u>6/7/18</u>		Basis for the claim: _____	
Last 4 digits of account number _____		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.65	Nonpriority creditor's name and mailing address Nice Ice Co. 801 W. 2nd St Roswell, NM 88201	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$28.21
		<input type="checkbox"/> Contingent	
		<input type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
Date(s) debt was incurred <u>6/21/18</u>		Basis for the claim: _____	
Last 4 digits of account number _____		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.66	Nonpriority creditor's name and mailing address nQativ 5214 68th St, Suite 200 Lubbock, TX 79424	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$1,668.12
		<input type="checkbox"/> Contingent	
		<input type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
Date(s) debt was incurred _____		Basis for the claim: _____	
Last 4 digits of account number _____		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Debtor	MBF Inspection Services, Inc.	Case number (if known)	18-11579
Name _____			
3.67	Nonpriority creditor's name and mailing address Patsy Marano 18 Jordan Street Fairchance, PA 15436	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$14,391.04
	Date(s) debt was incurred _____	<input type="checkbox"/> Contingent	
	Last 4 digits of account number _____	<input type="checkbox"/> Unliquidated	
		<input checked="" type="checkbox"/> Disputed	
	Basis for the claim: Stat.labor		
	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
3.68	Nonpriority creditor's name and mailing address Paul Tahtinen 234 Wisconsin Ave. Chetek, WI 54728	As of the petition filing date, the claim is: <i>Check all that apply.</i>	Unknown
	Date(s) debt was incurred _____	<input type="checkbox"/> Contingent	
	Last 4 digits of account number _____	<input type="checkbox"/> Unliquidated	
		<input checked="" type="checkbox"/> Disputed	
	Basis for the claim: _____		
	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
3.69	Nonpriority creditor's name and mailing address Pipeline Testing Consortium, Inc. PO Box 842566 Kansas City, MO 64184	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$3,655.00
	Date(s) debt was incurred _____	<input type="checkbox"/> Contingent	
	Last 4 digits of account number _____	<input type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
	Basis for the claim: _____		
	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
3.70	Nonpriority creditor's name and mailing address Pitney Bowes Purchase Power PO Box 371874 Pittsburgh, PA 15250	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$49.99
	Date(s) debt was incurred _____	<input type="checkbox"/> Contingent	
	Last 4 digits of account number _____	<input type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
	Basis for the claim: _____		
	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
3.71	Nonpriority creditor's name and mailing address Raul Sanchez 117 Tenderfoot Trail Del Rio, TX 78840	As of the petition filing date, the claim is: <i>Check all that apply.</i>	Unknown
	Date(s) debt was incurred _____	<input type="checkbox"/> Contingent	
	Last 4 digits of account number _____	<input type="checkbox"/> Unliquidated	
		<input checked="" type="checkbox"/> Disputed	
	Basis for the claim: _____		
	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
3.72	Nonpriority creditor's name and mailing address REDW PO Box 93656 Albuquerque, NM 87199	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$11,610.00
	Date(s) debt was incurred _____	<input type="checkbox"/> Contingent	
	Last 4 digits of account number _____	<input type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
	Basis for the claim: _____		
	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
3.73	Nonpriority creditor's name and mailing address Richard Gill 622 Stan Dr Grand Junction, CO 81504	As of the petition filing date, the claim is: <i>Check all that apply.</i>	Unknown
	Date(s) debt was incurred _____	<input type="checkbox"/> Contingent	
	Last 4 digits of account number _____	<input type="checkbox"/> Unliquidated	
		<input checked="" type="checkbox"/> Disputed	
	Basis for the claim: _____		
	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
3.74	Nonpriority creditor's name and mailing address Richard Gilson 4459 Morse Road Alexandria, OH 43001	As of the petition filing date, the claim is: <i>Check all that apply.</i>	Unknown
	Date(s) debt was incurred _____	<input type="checkbox"/> Contingent	
	Last 4 digits of account number _____	<input type="checkbox"/> Unliquidated	
		<input checked="" type="checkbox"/> Disputed	
	Basis for the claim: _____		
	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor	MBF Inspection Services, Inc.	Case number (if known)	18-11579
Name _____			
3.75	Nonpriority creditor's name and mailing address Richard Streun 8672 County Road 291 Early, TX 76802 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	Unknown
		Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.76	Nonpriority creditor's name and mailing address Robert Nichols 695 County Road 414 Dayton, TX 77535 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	Unknown
		Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.77	Nonpriority creditor's name and mailing address Robert Ray 1207 Grassy Creek Rd Pinnacle, NC 27043 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	Unknown
		Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.78	Nonpriority creditor's name and mailing address Ron Spangler 5075 West Berrendo Rd. Roswell, NM 88201 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	\$11,505.00
		Basis for the claim: <u>Stat.labor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.79	Nonpriority creditor's name and mailing address Ronald Lancaster 4711 Peaceful Pine Rd Rapid City, SD 57702 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	Unknown
		Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.80	Nonpriority creditor's name and mailing address Ronald Melancon PO Box 622 Duson, LA 70529 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	Unknown
		Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.81	Nonpriority creditor's name and mailing address Roswell High School Coyotes Cheer Booster Club, Inc. 500 W. Hobbs St. Roswell, NM 88203 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	\$100.00
		Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.82	Nonpriority creditor's name and mailing address Rotary Desert Sun Pro-Am Golf Classic PO Box 1573 Roswell, NM 88202 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$250.00
		Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Debtor	MBF Inspection Services, Inc.	Case number (if known)	18-11579
Name _____			
3.83	<p>Nonpriority creditor's name and mailing address Sandra Seelye 921 Upper Georges Creek Rd Frostburg, MD 21532</p> <p>Date(s) debt was incurred _____</p> <p>Last 4 digits of account number _____</p>	<p>As of the petition filing date, the claim is: Check all that apply.</p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed</p> <p>Basis for the claim: Stat.labor</p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	\$2,438.57
3.84	<p>Nonpriority creditor's name and mailing address Tascosa Office Machines, Inc 321 N Main St Roswell, NM 88201</p> <p>Date(s) debt was incurred _____</p> <p>Last 4 digits of account number _____</p>	<p>As of the petition filing date, the claim is: Check all that apply.</p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: _____</p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	\$476.07
3.85	<p>Nonpriority creditor's name and mailing address Ted Nunez 218 NE Main St. Lees Summit, MO 64063</p> <p>Date(s) debt was incurred _____</p> <p>Last 4 digits of account number _____</p>	<p>As of the petition filing date, the claim is: Check all that apply.</p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed</p> <p>Basis for the claim: _____</p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	Unknown
3.86	<p>Nonpriority creditor's name and mailing address Terry Vining 20356 US Hwy 84E Rusk, TX 75785</p> <p>Date(s) debt was incurred _____</p> <p>Last 4 digits of account number _____</p>	<p>As of the petition filing date, the claim is: Check all that apply.</p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed</p> <p>Basis for the claim: _____</p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	Unknown
3.87	<p>Nonpriority creditor's name and mailing address Thomas Ganci 380 Big Sky New Braunfels, TX 78132</p> <p>Date(s) debt was incurred _____</p> <p>Last 4 digits of account number _____</p>	<p>As of the petition filing date, the claim is: Check all that apply.</p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed</p> <p>Basis for the claim: Stat.labor</p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	\$4,701.34
3.88	<p>Nonpriority creditor's name and mailing address Victor Martinez 402 South Daniel Tatum, NM 88267</p> <p>Date(s) debt was incurred _____</p> <p>Last 4 digits of account number _____</p>	<p>As of the petition filing date, the claim is: Check all that apply.</p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed</p> <p>Basis for the claim: _____</p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	Unknown
3.89	<p>Nonpriority creditor's name and mailing address Virgil Howell 4967 Herndon Dr. Auburndale, FL 33823</p> <p>Date(s) debt was incurred _____</p> <p>Last 4 digits of account number _____</p>	<p>As of the petition filing date, the claim is: Check all that apply.</p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed</p> <p>Basis for the claim: _____</p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	Unknown
3.90	<p>Nonpriority creditor's name and mailing address Wendy Brann 1055 Pine Street, #361 Nashville, TN 37203</p> <p>Date(s) debt was incurred _____</p> <p>Last 4 digits of account number _____</p>	<p>As of the petition filing date, the claim is: Check all that apply.</p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed</p> <p>Basis for the claim: Stat.labor</p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	\$3,218.09

Debtor **MBF Inspection Services, Inc.**

Case number (if known)

18-11579

Name

3.91	Nonpriority creditor's name and mailing address William Bryner 100 Victory Lane Lemont Furnace, PA 15456	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$24,745.57
	Date(s) debt was incurred _____	<input type="checkbox"/> Contingent	
	Last 4 digits of account number _____	<input type="checkbox"/> Unliquidated	
		<input checked="" type="checkbox"/> Disputed	
		Basis for the claim: <u>Stat.labor</u>	
		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.92	Nonpriority creditor's name and mailing address William Sperber 380 Grand Ave. Forestville, WI 54213	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$4,829.43
	Date(s) debt was incurred _____	<input type="checkbox"/> Contingent	
	Last 4 digits of account number _____	<input type="checkbox"/> Unliquidated	
		<input checked="" type="checkbox"/> Disputed	
		Basis for the claim: <u>Stat.labor</u>	
		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Part 3: List Others to Be Notified About Unsecured Claims

4. List in alphabetical order any others who must be notified for claims listed in Parts 1 and 2. Examples of entities that may be listed are collection agencies, assignees of claims listed above, and attorneys for unsecured creditors.

If no others need to be notified for the debts listed in Parts 1 and 2, do not fill out or submit this page. If additional pages are needed, copy the next page.

Name and mailing address

On which line in Part 1 or Part 2 is the related creditor (if any) listed?

Last 4 digits of account number, if any

Part 4: Total Amounts of the Priority and Nonpriority Unsecured Claims

5. Add the amounts of priority and nonpriority unsecured claims.

5a. Total claims from Part 1

Total of claim amounts

5a. \$ **135,475.12**

5b. Total claims from Part 2

5b. + \$ **267,544.22**

5c. Total of Parts 1 and 2

5c. \$ **403,019.34**

Lines 5a + 5b = 5c.

Type of Debt	Creditor's Name and Mailing Address	Date Incurred	Account Number	Amount of Debt	Is Debt Disputed?	Is Anyone Else Liable on this Claim?
Unpaid rent	805 Partners 805 N. Richardson Ave. Roswell, NM 88201	06/08/18	None	8,500.00	No	No
Unpaid taxes	New Mexico Dept. of Taxation & Revenue 1100 South St. Francis Drive Santa Fe, NM 87504	06/01/18	03049804000	45,751.03	No	No
Unpaid taxes	New Mexico Dept. of Taxation & Revenue 1100 South St. Francis Drive Santa Fe, NM 87504	06/22/18	03049804000	34,615.49	No	No
Unpaid taxes	EFTPS-Internal Revenue Service Department of the Treasury Internal Revenue Service Ogden, UT 84201-0005	06/22/18	20-3125709	162,508.20	No	No
Unpaid taxes	EFTPS-Internal Revenue Service Department of the Treasury Internal Revenue Service Ogden, UT 84201-0005	06/22/18	20-3125709	1,613.38	No	No
Unpaid taxes	Arizona Department of Revenue P.O. Box 29009 Phoenix, AZ 85038	06/22/18	203125709	491.44	No	No
Unpaid taxes	Southern Ute Indian Tribe Tero Tax Division P. O. Box 737 Ignacio, CO 81137	06/22/18	None	980.09	No	No
Unpaid taxes	South Dakota Department of Revenue			4,120.68	No	No
Unpaid taxes	California Employment Dev. Dept. Franchise Tax Board PO Box 942867 Sacramento, CA 94267-0651	06/22/18	287-3611-4	4,413.13	No	No
Unpaid taxes	Colorado Department of Revenue Denver, CO 80261	06/22/18	28-64242-0000	349.20	No	No
Unpaid taxes	Montana Department of Revenue PO Box 8021 Helena, MT 59604-8021	06/22/18	5872926-002-WTH	1,171.00	No	No
Unpaid taxes	Oregon Department of Revenue PO BOX 14260 Salem, OR 97309-5060	06/22/18	1539939-2	887.00	No	No
Unpaid taxes	Pennsylvania Department of Revenue PO BOX 280901 HARRISBURG, PA 17128-0901	06/22/18	94-392-908	774.65	No	No
Unpaid taxes	State of California P.O. Box 826276 Sacramento, CA 94230-6276	06/22/18	287-3611-4	2,234.48	No	No
Unpaid taxes	Colorado State Treasurer P.O. Box 46545 Denver, CO 80201-6545	06/22/18	733248.00-9	131.53	No	No
Unpaid taxes	Idaho Department of Labor 317 W. Main Street Boise, ID 83735-0610	06/22/18	0002827620	200.97	No	No
Unpaid taxes	Kansas Dept. of Labor P. O. Box 400 Topeka, KS 66601-0400	06/22/18	036-203125709-F01	15.58	No	No
Unpaid taxes	Kentucky Office of Employment & Training	06/22/18	000339305	341.04	No	No
Unpaid taxes	U.I. Tax Liability and Adjudication P.O. Box 94186 Baton Rouge, LA 70804-9186	06/22/18	592162-6	570.91	No	No
Unpaid taxes	Massachusetts Labor & Workforce 19 Staniford St. Boston, MA 02114	06/22/18	10042710	1,983.00	No	No
Unpaid taxes	Job Services North Dakota P.O. Box 5507 Bismarck, ND 58506-5507	06/22/18	1126237	5,420.62	No	No

Attachment to Part I
2.1 - 2.6

Unpaid taxes	NM Department of Workforce Solutions P. O. Box 2281 Albuquerque, NM 87103-2281	06/22/18		8,130.53	No	No
Unpaid taxes	NYS Unemployment Insurance PO Box 4301 Binghamton, NY 13902-4301	06/22/18	48-72508 8	476.88	No	No
Unpaid taxes	Ohio Dept. of Job & Family Services 209 W Fourth St Lorain, OH 44052	06/22/18	1550862-00-5	9,960.89	No	No
Unpaid taxes	Oklahoma Employment Security #O Box 52004 Oklahoma City, OK 73152-2004	06/22/18	14778075	143.00	No	No
Unpaid taxes	Office of UC Tax Services P.O. Box 60848 Harrisburg, PA 17106-0848	06/22/18	82-25643 1	4,939.26	No	No
Unpaid taxes	Tennessee Department of Labor P.O. Box 101 Nashville, TN 37202-0101	06/22/18	0743-669 2	547.70	No	No
Unpaid taxes	Texas Workforce Commission PO Box 149037 Austin, TX 78714-9037	06/22/18		10,353.91	No	No
Unpaid taxes	Utah Department Workforce Services 140 East 300 South PO Box 45233 Salt Lake City, UT 84145-0233	06/22/18	C 3-444106-0	5,100.48	No	No
Unpaid taxes	Employment Security Department PO Box 34467 Seattle, WA 98124-1467	06/22/18		60.40	No	No
Unpaid taxes	Utah State Tax Commission 210 North 1950 West Salt Lake City, UT, 84134	06/22/18	13058553-003-WTH	822.19	No	No
Unpaid taxes	Alabama Department of Revenue	06/22/18	WTH-R008266485	445.14	No	No
Unpaid taxes	Indiana Department of Revenue P.O. Box 7221 Indianapolis, IN 46207-7221	06/22/18	0137193580-001	334.94	No	No
Unpaid taxes	Kansas Dept. of Revenue Division of Taxation 915 SW Harrison St. Topeka, KS 66225-2007	06/22/18	036-203125709-F01	274.00	No	No
Unpaid taxes	Kentucky State Treasurer	06/22/18	000339305	386.00	No	No
Unpaid taxes	Louisiana Dept. of Revenue P.O. Box 91017 Baton Rouge, LA 70821-9017	06/22/18	4944682001	7,540.54	No	No
Unpaid taxes	Massachusetts Department of Revenue PO Box 7000 Boston, MA 02204	06/22/18	203125709	2,133.93	No	No
Unpaid taxes	Missouri Department of Revenue 301 W High St # 330 Jefferson City, MO 65101	06/22/18	21603596	2,078.00	No	No
Unpaid taxes	Mississippi State Tax Commission Withholding Tax P.O. Box 23075 Jackson, MS 39225-3075	06/22/18	1144-4491	7,554.00	No	No
Unpaid taxes	ND Office of State Tax Commissioner 600 E. Boulevard Ave., Dept. 127 Bismarck, ND 58505-0550	06/22/18	203125709 01	6,159.00	No	No
Unpaid taxes	Ohio Dept. of Job & Family Services 209 W Fourth St Lorain, OH 44052	06/22/18	53040105	8,473.69	No	No
Unpaid taxes	Oklahoma Tax Commission 2501 N Lincoln Blvd Oklahoma City, OK 73194	06/22/18	WTH1011469602	4,425.00	No	No
Unpaid taxes	Rhode Island Department of Revenue	06/22/18	20312570900	375.69	No	No
Unpaid taxes	Wisconsin Department of Revenue Central Collection Section P.O. Box 8960 Madison, WI 53708-8960	06/22/18	036-1026606009-04	978.65	No	No

Other:

Employee garnishment	MAB-DLT (ER) Berkheimer P.O. Box 21690 Lehigh Valley, PA 18002-1690	06/01/18	6722540	100.98	No	No
Employee garnishment	Oregon Department of Revenue P.O. Box 14725 Salem, OR 97309-5018	06/01/18	544255130	500.00	No	No
Unpaid insurance	Liberty Mutual Insurance P.O. Box 85307 San Diego, CA 92186-5307	06/02/18	4-444371-5200	5,697.57	No	No
Employee garnishment	US Treasury Internal Revenue Service 1205 Texas Avenue, Room 609 Lubbock, TX 79401-4037	06/08/18	465909116	1,100.00	No	No
Employee garnishment	MAB-DLT (ER) Berkheimer P.O. Box 21690 Lehigh Valley, PA 18002-1690	06/15/18	6722540	311.34	No	No
Employee garnishment	Oregon Department of Revenue P.O. Box 14725 Salem, OR 97309-5018	06/15/18	544255130	500.00	No	No
Unpaid insurance	Excelsior Companies / Lifelock P.O. Box 13930 Scottsdale, AZ 85267-3930	06/15/18	8950429	157.36	No	No
Employee garnishment	US Treasury Internal Revenue Service 1205 Texas Avenue, Room 609 Lubbock, TX 79401-4037	06/21/18	465909116	1,100.00	No	No
Employee garnishment	Expert Pay	06/22/18	None	866.19	No	No
Unpaid 401(k)	American United Life Insurance Company Attn: ACCT/Control 5761 Reliable Parkway Chicago, IL 60686-0054	06/22/18	G38162	17,183.56	No	No
Unpaid insurance	United Healthcare Insurance Company 12561 Network Place Chicago, IL 60673-1225	06/22/18	303800	5,616.77	No	No
Unpaid insurance	New Benefits, Ltd. P.O. Box 803475 Dallas, TX 75380	06/22/18	HUB1006A	166.98	No	No
Unpaid insurance	United Healthcare Specialty Benefits P.O. Box 860511 Minneapolis, MN 55486-0511	06/25/18	303800	3,567.82	No	No
Unpaid loan interest	Valley Bank of Commerce 217 W. 2nd St. Roswell, NM 88201	06/22/18	203125709	647.26	No	No
Unpaid loan interest	Inspection Leasing, Inc. 805 N. Richardson Ave. Roswell, NM 88201	06/22/18	None	7,765.47	No	No

Fill in this information to identify the case:

Debtor name **MBF Inspection Services, Inc.**

United States Bankruptcy Court for the: **DISTRICT OF NEW MEXICO**

Case number (if known) **18-11579**

Check if this is an amended filing

Official Form 206G

Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If more space is needed, copy and attach the additional page, number the entries consecutively.

1. Does the debtor have any executory contracts or unexpired leases?

No. Check this box and file this form with the debtor's other schedules. There is nothing else to report on this form.

Yes. Fill in all of the information below even if the contacts of leases are listed on *Schedule A/B: Assets - Real and Personal Property* (Official Form 206A/B).

2. List all contracts and unexpired leases

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

2.1 State what the contract or lease is for and the nature of the debtor's interest

State the term remaining

List the contract number of any government contract

2.2 State what the contract or lease is for and the nature of the debtor's interest

State the term remaining

List the contract number of any government contract

2.3 State what the contract or lease is for and the nature of the debtor's interest

State the term remaining

List the contract number of any government contract

2.4 State what the contract or lease is for and the nature of the debtor's interest

State the term remaining

List the contract number of any government contract

Fill in this information to identify the case:

Debtor name **MBF Inspection Services, Inc.**

United States Bankruptcy Court for the: **DISTRICT OF NEW MEXICO**

Case number (if known) **18-11579**

Check if this is an amended filing

Official Form 206H Schedule H: Your Codebtors

12/15

Be as complete and accurate as possible. If more space is needed, copy the Additional Page, numbering the entries consecutively. Attach the Additional Page to this page.

1. Do you have any codebtors?

- No. Check this box and submit this form to the court with the debtor's other schedules. Nothing else needs to be reported on this form.
 Yes

2. In Column 1, list as codebtors all of the people or entities who are also liable for any debts listed by the debtor in the schedules of creditors, Schedules D-G. Include all guarantors and co-obligors. In Column 2, identify the creditor to whom the debt is owed and each schedule on which the creditor is listed. If the codebtor is liable on a debt to more than one creditor, list each creditor separately in Column 2.

Column 1: **Codebtor**

Column 2: **Creditor**

	Name	Mailing Address	Name	Check all schedules that apply:
2.1		Street _____		<input type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
		City _____ State _____ Zip Code _____		
2.2		Street _____		<input type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
		City _____ State _____ Zip Code _____		
2.3		Street _____		<input type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
		City _____ State _____ Zip Code _____		
2.4		Street _____		<input type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
		City _____ State _____ Zip Code _____		

Fill in this information to identify the case:

Debtor name **MBF Inspection Services, Inc.**

United States Bankruptcy Court for the: **DISTRICT OF NEW MEXICO**

Case number (if known) **18-11579**

Check if this is an amended filing

Official Form 207

Statement of Financial Affairs for Non-Individuals Filing for Bankruptcy

04/16

The debtor must answer every question. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write the debtor's name and case number (if known).

Part 1: Income

1. Gross revenue from business

None.

Identify the beginning and ending dates of the debtor's fiscal year, which may be a calendar year

Sources of revenue
Check all that apply

Gross revenue
(before deductions and exclusions)

From the beginning of the fiscal year to filing date:
From **1/01/2018** to **Filing Date**

Operating a business
 Other _____

\$28,817,493.00

For prior year:
From **1/01/2017** to **12/31/2017**

Operating a business
 Other _____

\$56,889,176.00

For year before that:
From **1/01/2016** to **12/31/2016**

Operating a business
 Other _____

\$44,311,951.00

2. Non-business revenue

Include revenue regardless of whether that revenue is taxable. *Non-business income* may include interest, dividends, money collected from lawsuits, and royalties. List each source and the gross revenue for each separately. Do not include revenue listed in line 1.

None.

Description of sources of revenue

Gross revenue from
each source
(before deductions and
exclusions)

From the beginning of the fiscal year to filing date:
From **1/01/2018** to **Filing Date**

Interest, Rental Income

\$2,241.00

For prior year:
From **1/01/2017** to **12/31/2017**

**Interest, Rental Income,
Credit Card Rewards**

\$4,652.00

For year before that:
From **1/01/2016** to **12/31/2016**

**Interest, Rental Income, IRS
Penalty Refund**

\$552,380.00

Part 2: List Certain Transfers Made Before Filing for Bankruptcy

3. Certain payments or transfers to creditors within 90 days before filing this case

List payments or transfers--including expense reimbursements--to any creditor, other than regular employee compensation, within 90 days before filing this case unless the aggregate value of all property transferred to that creditor is less than \$6,425. (This amount may be adjusted on 4/01/19 and every 3 years after that with respect to cases filed on or after the date of adjustment.)

None.

Creditor's Name and Address	Dates	Total amount of value	Reasons for payment or transfer Check all that apply
3.1. See Attachment		\$5,383,756.65	<input checked="" type="checkbox"/> Secured debt <input checked="" type="checkbox"/> Unsecured loan repayments <input checked="" type="checkbox"/> Suppliers or vendors <input checked="" type="checkbox"/> Services <input checked="" type="checkbox"/> Other __

4. Payments or other transfers of property made within 1 year before filing this case that benefited any insider

List payments or transfers, including expense reimbursements, made within 1 year before filing this case on debts owed to an insider or guaranteed or cosigned by an insider unless the aggregate value of all property transferred to or for the benefit of the insider is less than \$6,425. (This amount may be adjusted on 4/01/19 and every 3 years after that with respect to cases filed on or after the date of adjustment.) Do not include any payments listed in line 3. *Insiders* include officers, directors, and anyone in control of a corporate debtor and their relatives; general partners of a partnership debtor and their relatives; affiliates of the debtor and insiders of such affiliates; and any managing agent of the debtor. 11 U.S.C. § 101(31).

None.

Insider's name and address	Dates	Total amount of value	Reasons for payment or transfer
Relationship to debtor			

5. Repossessions, foreclosures, and returns

List all property of the debtor that was obtained by a creditor within 1 year before filing this case, including property repossessed by a creditor, sold at a foreclosure sale, transferred by a deed in lieu of foreclosure, or returned to the seller. Do not include property listed in line 6.

None

Creditor's name and address	Describe of the Property	Date	Value of property
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6. Setoffs

List any creditor, including a bank or financial institution, that within 90 days before filing this case set off or otherwise took anything from an account of the debtor without permission or refused to make a payment at the debtor's direction from an account of the debtor because the debtor owed a debt.

None

Creditor's name and address	Description of the action creditor took	Date action was taken	Amount
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Part 3: Legal Actions or Assignments**7. Legal actions, administrative proceedings, court actions, executions, attachments, or governmental audits**

List the legal actions, proceedings, investigations, arbitrations, mediations, and audits by federal or state agencies in which the debtor was involved in any capacity—within 1 year before filing this case.

None.

Case title Case number	Nature of case	Court or agency's name and address	Status of case
7.1. See Attachment			<input type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded

8. Assignments and receivership

List any property in the hands of an assignee for the benefit of creditors during the 120 days before filing this case and any property in the hands of a receiver, custodian, or other court-appointed officer within 1 year before filing this case.

None

Part 4: Certain Gifts and Charitable Contributions

9. List all gifts or charitable contributions the debtor gave to a recipient within 2 years before filing this case unless the aggregate value of the gifts to that recipient is less than \$1,000

None

Recipient's name and address	Description of the gifts or contributions	Dates given	Value
9.1. ENMSF Jr. Livestock Sale	Cash Donation		\$1,000.00
Recipients relationship to debtor			

Part 5: Certain Losses

10. All losses from fire, theft, or other casualty within 1 year before filing this case.

None

Description of the property lost and how the loss occurred	Amount of payments received for the loss	Dates of loss	Value of property lost
If you have received payments to cover the loss, for example, from insurance, government compensation, or tort liability, list the total received. List unpaid claims on Official Form 106A/B (Schedule A/B: Assets – Real and Personal Property).			

Part 6: Certain Payments or Transfers

11. Payments related to bankruptcy

List any payments of money or other transfers of property made by the debtor or person acting on behalf of the debtor within 1 year before the filing of this case to another person or entity, including attorneys, that the debtor consulted about debt consolidation or restructuring, seeking bankruptcy relief, or filing a bankruptcy case.

None.

Who was paid or who received the transfer? Address	If not money, describe any property transferred	Dates	Total amount or value
11.1. B.L.F., LLC PO Box 7070 Albuquerque, NM 87194-7070	Chapter 11 Retainer		\$35,000.00

Email or website address
jennie@jdbbehles.com

Who made the payment, if not debtor?

11.2. B.L.F., LLC PO Box 7070 Albuquerque, NM 87194-7070	Chapter 11 Filing Fee	\$1,717.00
Email or website address		

Who made the payment, if not debtor?

Who was paid or who received the transfer? Address	If not money, describe any property transferred	Dates	Total amount or value
11.3. B.L.F., LLC PO Box 7070 Albuquerque, NM 87194-7070	Legal Fees re: Statutory Labor Claims		\$35,154.40
Email or website address			
Who made the payment, if not debtor?			

12. Self-settled trusts of which the debtor is a beneficiary

List any payments or transfers of property made by the debtor or a person acting on behalf of the debtor within 10 years before the filing of this case to a self-settled trust or similar device.
Do not include transfers already listed on this statement.

None.

Name of trust or device	Describe any property transferred	Dates transfers were made	Total amount or value
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13. Transfers not already listed on this statement

List any transfers of money or other property by sale, trade, or any other means made by the debtor or a person acting on behalf of the debtor within 2 years before the filing of this case to another person, other than property transferred in the ordinary course of business or financial affairs. Include both outright transfers and transfers made as security. Do not include gifts or transfers previously listed on this statement.

None.

Who received transfer? Address	Description of property transferred or payments received or debts paid in exchange	Date transfer was made	Total amount or value
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Part 7: Previous Locations**14. Previous addresses**

List all previous addresses used by the debtor within 3 years before filing this case and the dates the addresses were used.

Does not apply

Address	Dates of occupancy From-To
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Part 8: Health Care Bankruptcies**15. Health Care bankruptcies**

Is the debtor primarily engaged in offering services and facilities for:

- diagnosing or treating injury, deformity, or disease, or
- providing any surgical, psychiatric, drug treatment, or obstetric care?

No. Go to Part 9.

Yes. Fill in the information below.

Facility name and address	Nature of the business operation, including type of services the debtor provides	If debtor provides meals and housing, number of patients in debtor's care
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Part 9: Personally Identifiable Information**16. Does the debtor collect and retain personally identifiable information of customers?**

No.

Yes. State the nature of the information collected and retained.

17. Within 6 years before filing this case, have any employees of the debtor been participants in any ERISA, 401(k), 403(b), or other pension or

profit-sharing plan made available by the debtor as an employee benefit?

- No. Go to Part 10.
 Yes. Does the debtor serve as plan administrator?

No Go to Part 10.

Yes. Fill in below:

Name of plan

MBF Inspection Services, Inc. 401 (K) Plan

Employer identification number of the plan

EIN: **G38162**

Has the plan been terminated?

- No
 Yes

No Go to Part 10.

Yes. Fill in below:

Name of plan

MBF Inspection Services, Inc. 401 (k) Plan

Employer identification number of the plan

EIN: **G37363 & G35815**

Has the plan been terminated?

- No
 Yes

Part 10: Certain Financial Accounts, Safe Deposit Boxes, and Storage Units

18. Closed financial accounts

Within 1 year before filing this case, were any financial accounts or instruments held in the debtor's name, or for the debtor's benefit, closed, sold, moved, or transferred?

Include checking, savings, money market, or other financial accounts; certificates of deposit; and shares in banks, credit unions, brokerage houses, cooperatives, associations, and other financial institutions.

None

Financial Institution name and Address	Last 4 digits of account number	Type of account or instrument	Date account was closed, sold, moved, or transferred	Last balance before closing or transfer

19. Safe deposit boxes

List any safe deposit box or other depository for securities, cash, or other valuables the debtor now has or did have within 1 year before filing this case.

None

Depository institution name and address	Names of anyone with access to it	Description of the contents	Do you still have it?

20. Off-premises storage

List any property kept in storage units or warehouses within 1 year before filing this case. Do not include facilities that are in a part of a building in which the debtor does business.

None

Facility name and address	Names of anyone with access to it	Description of the contents	Do you still have it?

Part 11: Property the Debtor Holds or Controls That the Debtor Does Not Own

21. Property held for another

List any property that the debtor holds or controls that another entity owns. Include any property borrowed from, being stored for, or held in trust. Do not list leased or rented property.

None

Part 12: Details About Environment Information

For the purpose of Part 12, the following definitions apply:

Environmental law means any statute or governmental regulation that concerns pollution, contamination, or hazardous material, regardless of the medium affected (air, land, water, or any other medium).

Site means any location, facility, or property, including disposal sites, that the debtor now owns, operates, or utilizes or that the debtor formerly owned, operated, or utilized.

Hazardous material means anything that an environmental law defines as hazardous or toxic, or describes as a pollutant, contaminant, or a similarly harmful substance.

Report all notices, releases, and proceedings known, regardless of when they occurred.

22. Has the debtor been a party in any judicial or administrative proceeding under any environmental law? Include settlements and orders.

- No.
 Yes. Provide details below.

Case title Case number	Court or agency name and address	Nature of the case	Status of case
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23. Has any governmental unit otherwise notified the debtor that the debtor may be liable or potentially liable under or in violation of an environmental law?

- No.
 Yes. Provide details below.

Site name and address	Governmental unit name and address	Environmental law, if known	Date of notice
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24. Has the debtor notified any governmental unit of any release of hazardous material?

- No.
 Yes. Provide details below.

Site name and address	Governmental unit name and address	Environmental law, if known	Date of notice
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Part 13: Details About the Debtor's Business or Connections to Any Business

25. Other businesses in which the debtor has or has had an interest

List any business for which the debtor was an owner, partner, member, or otherwise a person in control within 6 years before filing this case. Include this information even if already listed in the Schedules.

- None

Business name address	Describe the nature of the business	Employer Identification number Do not include Social Security number or ITIN.	Dates business existed
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26. Books, records, and financial statements

26a. List all accountants and bookkeepers who maintained the debtor's books and records within 2 years before filing this case.

- None

Name and address	Date of service From-To
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26a.1. **Bobby Carroll**
3012 Barcelona Dr.
Roswell, NM 88201 6/2016 To Present

26a.2. **Amanda Ballinger**
1505 S. Lea
Roswell, NM 88203 6/2016 To Present

26a.3. **Valuation Advisory Services, LLC**
1271 Barclay Blvd.
Buffalo Grove, IL 60089

26b. List all firms or individuals who have audited, compiled, or reviewed debtor's books of account and records or prepared a financial statement within 2 years before filing this case.

None

26c. List all firms or individuals who were in possession of the debtor's books of account and records when this case is filed.

None

Name and address**If any books of account and records are unavailable, explain why**

26d. List all financial institutions, creditors, and other parties, including mercantile and trade agencies, to whom the debtor issued a financial statement within 2 years before filing this case.

None

Name and address

26d.1. **Bank Of The Southwest**
PO Box 1638
Roswell, NM 88201

26d.2. **Frank Sturges**
2708 Gaye Dr.
Roswell, NM 88201

26d.3. **Mark Daniels**
5275 W. Country Club Rd.
Roswell, NM 88201

26d.4. **Inspection Leasing, Inc.**
805 N. Richardson Ave.
Roswell, NM 88202

27. Inventories

Have any inventories of the debtor's property been taken within 2 years before filing this case?

No

Yes. Give the details about the two most recent inventories.

Name of the person who supervised the taking of the inventory**Date of inventory****The dollar amount and basis (cost, market, or other basis) of each inventory**

28. List the debtor's officers, directors, managing members, general partners, members in control, controlling shareholders, or other people in control of the debtor at the time of the filing of this case.

Name	Address	Position and nature of any interest	% of interest, if any
Frank Sturges	2708 Gaye Dr. Roswell, NM 88201	President/Director	

Name	Address	Position and nature of any interest	% of interest, if any
Mark Daniels	5275 W. Country Club Roswell, NM 88201	Vice-President/Director	

29. Within 1 year before the filing of this case, did the debtor have officers, directors, managing members, general partners, members in control of the debtor, or shareholders in control of the debtor who no longer hold these positions?

No

Yes. Identify below.

30. Payments, distributions, or withdrawals credited or given to insiders

Within 1 year before filing this case, did the debtor provide an insider with value in any form, including salary, other compensation, draws, bonuses, loans, credits on loans, stock redemptions, and options exercised?

- No
 Yes. Identify below.

Name and address of recipient	Amount of money or description and value of property	Dates	Reason for providing the value
30.1 See Attachment			
Relationship to debtor			

31. Within 6 years before filing this case, has the debtor been a member of any consolidated group for tax purposes?

- No
 Yes. Identify below.

Name of the parent corporation	Employer Identification number of the parent corporation
Inspection Leasing, Inc	EIN: 27-0706535

32. Within 6 years before filing this case, has the debtor as an employer been responsible for contributing to a pension fund?

- No
 Yes. Identify below.

Name of the pension fund	Employer Identification number of the parent corporation
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Part 14: Signature and Declaration

WARNING -- Bankruptcy fraud is a serious crime. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both.
18 U.S.C. §§ 152, 1341, 1519, and 3571.

I have examined the information in this *Statement of Financial Affairs* and any attachments and have a reasonable belief that the information is true and correct.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on _____

Frank Sturges

Printed name

Signature of individual signing on behalf of the debtor

Position or relationship to debtor **President**

Are additional pages to *Statement of Financial Affairs for Non-Individuals Filing for Bankruptcy* (Official Form 207) attached?

- No
 Yes

Debtor MBF Inspection Services, Inc. Case number (*if known*) 18-11579

Part 14: Signature and Declaration

**WARNING -- Bankruptcy fraud is a serious crime. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both.
18 U.S.C. §§ 152, 1341, 1519, and 3571.**

I have examined the information in this *Statement of Financial Affairs* and any attachments and have a reasonable belief that the information is true and correct.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on 7/6/18

 Frank Sturges
Signature of individual signing/on behalf of the debtor Printed name

Position or relationship to debtor President

Are additional pages to *Statement of Financial Affairs for Non-Individuals Filing for Bankruptcy* (Official Form 207) attached?

- No
 Yes

Name and address of creditor	Date of payments	Amount paid	Reasons for payment
885 Partners 815 N. Richardson Ave Roswell, NM 88201	04/06/18 05/04/18	8,500.00 8,500.00	Suppliers or vendors
American Express P.O. Box 30384 Salt Lake City, UT 84130	03/26/18 04/13/18 05/01/18 06/13/18	781.36 9,871.12 15,987.05 9,069.81	Suppliers or vendors
Arizona Department of Revenue P.O. Box 29009 Phoenix, AZ 85038	04/04/18 04/10/18 03/27/18 04/25/18 04/18/18 05/02/18 05/15/18 05/08/18 05/23/18 05/31/18 06/05/18 06/12/18 06/19/18	906.57 467.97 496.22 496.22 853.53 812.53 924.93 658.86 680.85 545.90 737.36 536.11 765.61	Tax agency
B.L.F. LLC P.O. Box 7070 Albuquerque, NM 87194-7070	05/11/18 05/31/18 06/11/18 06/19/18	7,302.00 52,011.00 3,814.40 8,744.00	Suppliers or vendors
California Employment Dev. Dept. Franchise Tax Board PO Box 942867 Sacramento, CA 94267-0651	04/04/18 04/18/18 04/26/18 05/02/18 05/15/18 05/31/18 06/12/18	2,328.65 1,813.96 4,546.52 1,739.73 2,140.35 2,246.72 2,620.85	Tax agency
EFTPS-Internal Revenue Service Department of the Treasury Internal Revenue Service Ogden, UT 84201-0005	03/26/18 04/02/18 04/09/18 04/16/18 04/23/18 04/30/18 05/07/18 05/14/18 05/21/18 04/10/18 05/29/18 06/04/18 06/11/18 06/18/18 06/18/18	225,522.92 164,649.26 221,814.45 127,049.59 229,206.18 149,398.67 229,900.42 152,460.23 222,512.65 12,237.09 157,075.07 217,591.36 137,565.80 220,091.62 309.54	Tax agency

Attachment to # 3

		03/26/18	1,149.51	
		03/26/18	3,262.75	
		04/04/18	705.93	
		04/09/18	3,664.05	
		04/19/18	1,491.85	
		04/25/18	3,703.37	
		04/30/18	1,514.00	
Expert Pay		05/08/18	3,475.29	Child support agency
		05/17/18	1,188.23	
		05/25/18	3,009.56	
		05/25/18	1,188.23	
		06/04/18	2,733.06	
		06/11/18	726.23	
		06/18/18	2,299.68	
GGMD, LLC P.O. Box 335 Roswell, NM 88202		04/06/18	8,195.31	Suppliers or vendors
Gregory Law Firm On Behalf of Mr. Silvia		06/20/18	20,000.00	Suppliers or vendors
Inspection Leasing, Inc. 805 N. Richardson Ave. Roswell, NM 88201		04/09/18	12,428.66	
		05/11/18	12,428.66	Suppliers or vendors
		06/11/18	12,428.66	
Inspection Leasing, Inc. 805 N. Richardson Ave. Roswell, NM 88201		05/04/18	250,000.00	Secured debt
Lane Alton Horst LLC Attn: Accounting Department Two Miranova Place, Suite 220 Columbus, OH 43215		04/13/18	10,017.40	
		05/11/18	23,496.39	Suppliers or vendors
		05/31/18	12,790.60	
Liberty Mutual Insurance P.O. Box 85307 San Diego, CA 92186-5307		04/13/18	5,814.37	
		05/18/18	11,518.25	Suppliers or vendors
Louisiana Dept. of Revenue P.O. Box 91017 Baton Rouge, LA 70821-9017		04/04/18	4,154.49	
		04/20/18	3,278.40	
		05/14/18	3,582.57	Tax agency
		05/22/18	3,885.04	
		06/12/18	3,784.79	
Massachusetts Department of Revenue PO Box 7000 Boston, MA 02204		04/05/18	2,285.94	
		05/17/18	2,108.07	Tax agency
		06/12/18	2,575.92	
Massachusetts Labor & Workforce Develop. 19 Staniford St. Boston, MA 02114		04/26/18	9,889.55	Tax agency
MBF Management Systems, Inc. 805 N. Richardson Roswell, NM 88201		04/09/18	8,626.66	
		05/14/18	8,626.66	Services
		06/11/18	8,626.66	
Michigan Department of Revenue 41300 Dequindre Rd #200 Sterling Heights, MI 48314		04/05/18	3,290.31	
		05/16/18	3,058.61	Tax agency
		06/12/18	3,269.55	

Michigan Unemployment Insurance Agency PO Box 8068 Royal Oak, MI 48068-8068		04/26/18	7,836.84	Tax agency
Mississippi State Tax Commission Withholding Tax P.O. Box 23075 Jackson, MS 39225-3075		04/05/18 05/16/18 06/12/18	6,889.20 7,653.00 7,420.00	Tax agency
Missouri Department of Revenue 301 W High St # 330 Jefferson City, MO 65101		04/05/18 05/18/18 06/12/18	3,347.50 3,392.35 2,510.50	Tax agency
Montana Department of Revenue PO Box 6577 Helena, MT 59604-6577		04/04/18 04/18/18 05/02/18 05/15/18 05/31/18 06/12/18	1,027.00 1,384.00 1,247.00 1,207.00 1,384.00 1,162.00	Tax agency
ND Office of State Tax Commissioner 600 E. Boulevard Ave., Dept. 127 Bismarck, ND 58505-0550		04/23/18	7,692.00	Tax agency
New Mexico Dept. of Taxation & Revenue 1100 South St. Francis Drive Santa Fe, NM 87504		04/26/18 03/25/18 04/27/18 04/11/18 05/29/18 05/29/18	62,827.12 49,382.44 15,509.15 266.60 50,861.22 322.08	Tax agency
NM Department of Workforce Solutions 2110 S Main St Roswell, NM 88203		04/26/18	37,724.80	Tax agency
North Dakota Job Services P.O. Box 5507 Bismarck, ND 58506-5507		04/26/18	49,946.23	Tax agency
Ohio Dept. of Job & Family Services 209 W Fourth St Lorain, OH 44052		04/26/18	6,961.76	Tax agency
Oklahoma Tax Commission 2501 N Lincoln Blvd Oklahoma City, OK 73194		04/04/18 04/05/18 04/20/18 05/14/18 05/22/18 06/12/18	4,206.00 100.00 2,208.00 3,277.00 2,864.00 2,595.00	Tax agency

One America American United Life Insurance Company Attn: ACCT/Control 5761 Reliable Parkway Chicago, IL 60686-0054	04/03/18 03/27/18 04/10/18 04/16/18 04/23/18 05/01/18 05/08/18 05/15/18 05/22/18 05/30/18 06/05/18 06/11/18 06/18/18	17,761.71 20,916.55 21,500.26 16,589.83 20,826.76 17,307.81 22,228.24 18,077.53 20,571.94 17,760.28 21,596.26 16,751.65 23,723.19	Suppliers or vendors (401(k) payments)
Oregon Department of Revenue PO BOX 14260 Salem, OR 97309-5060	04/04/18 04/06/18 04/10/18 03/27/18 04/20/18 04/25/18 04/18/18 05/02/18 05/07/18 05/18/18 05/15/18 05/08/18 05/23/18 05/31/18 06/06/18 06/12/18 06/20/18	319.00 500.00 490.00 446.00 500.00 402.00 223.00 287.00 500.00 500.00 255.00 358.00 402.00 367.00 402.00 887.00 358.00	Tax agency
Pennsylvania Department of Revenue PO BOX 280901 HARRISBURG, PA 17128-0901	04/04/18 04/10/18 03/27/18 04/25/18 04/18/18 05/02/18 05/15/18 05/08/18 05/23/18 05/31/18 06/06/18 06/12/18 06/20/18	971.52 1,750.85 1,595.30 1,846.44 923.18 909.05 862.60 2,089.25 2,188.03 673.11 2,180.06 707.97 2,148.08	Tax agency

Pennsylvania Dept. of Labor & Industry Office of UC Tax Services P.O. Box 60848 Harrisburg, PA 17106-0848	04/30/18 04/26/18 04/26/18	616.42 616.42 16,515.94	
South Dakota Department of Revenue 445 E Capitol Ave Pierre, SD 57501	04/23/18 03/26/18 05/22/18 06/21/18	4,333.07 2,361.63 4,615.94 5,675.90	Tax agency
Tedford Insurance P.O. Box 1050 Jenks, OK 74037	03/29/18	739,504.03	Insurance agency
Texas Workforce Commission PO Box 149037 Austin, TX 78714-9037	04/26/18	72,660.76	Tax agency
United Healthcare Insurance Company 22561 Network Place Chicago, IL 60673-1225	03/29/18 04/04/18 04/04/18 04/27/18 05/04/18 05/04/18 06/01/18 06/04/18 06/04/18	2,973.82 172,386.03 7.13 3,270.32 153,245.42 194.57 3,052.42 145,228.80 7.03	Insurance agency
Utah Department Workforce Services 140 East 300 South PO Box 45233 Salt Lake City, UT 84145-0233	04/26/18	7,935.17	Tax agency
Utah State Tax Commission 210 North 1950 West Salt Lake City, UT, 84134	04/04/18 04/10/18 03/27/18 04/25/18 04/18/18 05/02/18 05/15/18 05/08/18 05/23/18 05/31/18 06/05/18 06/12/18 06/19/18	3,365.71 223.96 223.96 265.91 1,074.45 2,903.70 2,378.42 244.94 244.94 1,751.08 223.96 1,052.51 244.94	Tax agency
Valley Bank of Commerce 217 W. 2nd St. Roswell, NM 88201	05/30/18	250,000.00	Suppliers or vendors
Valuation Advisory Services, LLC 1271 Barclay Boulevard Buffalo Grove, IL 60089	04/13/18	20,946.16	Services
Wesierski & Zurek LLP One Corporate Park, Suite 200 Irvine, CA 92606	04/13/18 05/11/18 05/25/18 06/19/18	5,553.69 1,525.60 29,228.02 3,688.35	Services

Case Title:	Ganci v. MBF Inspection Services
Case Number:	2:15-cv-2959-GCS-TPK
Nature of Case:	Wage Hour
Court or Agency's Name:	United States District Court Souther District of Ohio Eastern Division
Address:	Columbus, OH
Status:	Pending
Case Title:	James M Silvia v.Chevron Corporation; Chevron U.S.A, Inc.; Garth Kuhagen; and DOES 1-50
Case Number:	16cv300419
Nature of Case:	Retaliation
Court or Agency's Name:	Superior Court for the State of California in the County of Santa Clara
Address:	Santa Clara, CA
Status:	Pending
Case Title:	Barron Wesley v. COG Operating LLC
Case Number:	4:17-cv-01845
Nature of Case:	Wage hour
Court or Agency's Name:	U.S. District Court Southern District, Texas, Houston Division
Address:	TX
Status:	Pending
Case Title:	Richard L. Bonlie v MBF Inspection Services, Inc., et al.
Case Number:	WID: 1153059
Nature of Case:	W/C
Court or Agency's Name:	State of Minnesota Office of Administrative Hearings Workers Compensation Section
Address:	PO Box 64620, St. Paul, MN 55164-0620
Status:	Pending
Case Title:	Joseph W Petrovic vs. Enbridge Energy, Company, Inc.
Case Number:	15 L 60
Nature of Case:	
Court or Agency's Name:	In The Circuit Court of The Twelfth Judicial Circuit Will County, Illinois
Address:	IL
Status:	Pending
Case Title:	May, Lycia Lynn v. Texas Lobo Trucking Company
Case Number:	2:17-cv-00889-KRS-SMV
Nature of Case:	W/C
Court or Agency's Name:	In The United States District Court for the District of New Mexico
Address:	New Mexico
Status:	Pending
Case Title:	Eugene Heath vs. BP Products North America, Inc
Case Number:	2013 L 000838
Nature of Case:	Personal Injury
Court or Agency's Name:	In The Circuit Court of The Twelfth Judicial Circuit Will County, Illinois
Address:	IL
Status:	Concluded

Attachment to # 7

Attachment to:

<u>Employee Name</u>	<u>Check Date</u>	<u>Gross Pay</u>	<u>Net Pay</u>	<u>Description</u>
Sturges, Frank L	06/23/17	8,841.35	5,025.28	Salary
Sturges, Frank L	07/07/17	8,841.35	5,027.28	Salary
Sturges, Frank L	07/21/17	8,841.35	5,363.33	Salary
Sturges, Frank L	08/04/17	8,841.35	5,575.44	Salary
Sturges, Frank L	08/18/17	8,841.35	5,575.44	Salary
Sturges, Frank L	09/01/17	8,841.35	5,575.44	Salary
Sturges, Frank L	09/15/17	8,841.35	5,575.44	Salary
Sturges, Frank L	09/29/17	8,841.35	5,573.44	Salary
Sturges, Frank L	10/13/17	8,841.35	5,575.44	Salary
Sturges, Frank L	10/27/17	8,841.35	5,575.44	Salary
Sturges, Frank L	11/10/17	8,841.35	5,545.28	Salary
Sturges, Frank L	11/24/17	8,841.35	6,166.87	Salary
Sturges, Frank L	12/08/17	8,841.35	6,166.87	Salary
Sturges, Frank L	12/22/17	8,841.35	6,164.87	Salary
Sturges, Frank L	01/05/18	8,841.35	5,027.28	Salary
Sturges, Frank L	01/19/18	8,841.35	5,027.28	Salary
Sturges, Frank L	02/02/18	8,841.35	5,289.22	Salary
Sturges, Frank L	02/16/18	8,841.35	5,289.22	Salary
Sturges, Frank L	03/02/18	8,841.35	5,289.22	Salary
Sturges, Frank L	03/16/18	8,841.35	5,289.22	Salary
Sturges, Frank L	03/30/18	8,841.35	5,287.22	Salary
Sturges, Frank L	04/13/18	8,841.35	5,289.22	Salary
Sturges, Frank L	04/27/18	8,841.35	5,289.22	Salary
Sturges, Frank L	05/11/18	8,841.35	5,280.73	Salary
Sturges, Frank L	05/25/18	8,841.35	5,280.73	Salary
Sturges, Frank L	06/08/18	8,841.35	5,280.73	Salary
Sturges, Frank L	06/22/18	8,841.35	5,278.73	Salary
Sturges, Frank L	11/17/18	10,000.00	7,024.44	MBF Management salary - Reimbursed by MBF Management
Sturges, Frank L	11/17/18	15,000.00	9,436.47	MBF Management salary - Reimbursed by MBF Management

Attachment # 30

Attachment to:

<u>Employee Name</u>	<u>Check Date</u>	<u>Gross Pay</u>	<u>Net Pay</u>	
Daniels, Mark W	06/23/17	8,287.85	4,254.23	Salary
Daniels, Mark W	07/07/17	8,287.85	4,256.23	Salary
Daniels, Mark W	07/21/17	8,287.85	4,256.23	Salary
Daniels, Mark W	08/04/17	8,287.85	4,628.13	Salary
Daniels, Mark W	08/18/17	8,287.85	4,770.08	Salary
Daniels, Mark W	09/01/17	8,287.85	4,770.08	Salary
Daniels, Mark W	09/15/17	8,287.85	4,770.08	Salary
Daniels, Mark W	09/29/17	8,287.85	4,768.08	Salary
Daniels, Mark W	10/13/17	8,287.85	4,770.08	Salary
Daniels, Mark W	10/27/17	8,287.85	4,770.08	Salary
Daniels, Mark W	11/10/17	8,287.85	4,770.08	Salary
Daniels, Mark W	11/24/17	8,287.85	4,758.17	Salary
Daniels, Mark W	12/08/17	8,287.85	5,275.87	Salary
Daniels, Mark W	12/22/17	8,287.85	5,273.87	Salary
Daniels, Mark W	01/05/18	8,287.85	4,245.73	Salary
Daniels, Mark W	01/19/18	8,287.85	4,245.73	Salary
Daniels, Mark W	02/02/18	8,287.85	4,407.00	Salary
Daniels, Mark W	02/16/18	8,287.85	4,407.00	Salary
Daniels, Mark W	03/02/18	8,287.85	4,407.00	Salary
Daniels, Mark W	03/16/18	8,287.85	4,407.00	Salary
Daniels, Mark W	03/30/18	8,287.85	4,405.00	Salary
Daniels, Mark W	04/13/18	8,287.85	4,407.00	Salary
Daniels, Mark W	04/27/18	8,287.85	4,157.00	Salary
Daniels, Mark W	05/11/18	8,287.85	4,150.00	Salary
Daniels, Mark W	05/25/18	8,287.85	4,150.01	Salary
Daniels, Mark W	06/08/18	8,287.85	4,150.00	Salary
Daniels, Mark W	06/22/18	8,287.85	4,148.01	Salary
Daniels, Mark W	11/17/18	10,000.00	5,949.41	MBF Management salary - Reimbursed by MBF Management
Daniels, Mark W	11/17/18	15,000.00	9,016.00	MBF Management salary - Reimbursed by MBF Management

33. Tax consolidation group

If the debtor has been a member of a consolidated group for tax purposes within the last 6 years, list the name and employer identification number of the parent corporation.

NONE

Name of parent corporation	Employer identification number of the parent corporation
Inspection Leasing, Inc.	27-0706535

34. Pension funds

If the debtor, as an employer, has been responsible for contributing to a pension fund at any time during the last 6 years, list the name and employer identification number of the fund.

NONE

Name of pension fund	Employer identification number of the pension fund
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Section 6 Supplement for Chapter 11 Cases

Part A. Attachment to Voluntary Petition for Non-Individuals (Form 201A)

Complete this part if the debtor is required to file periodic reports (e.g. - Forms 10K and 10Q) with the Securities and Exchange Commission pursuant to Section 13 or 15(d) of the Securities Exchange Act of 1934.

1. Are any of the debtor's securities registered under section 12 of the Securities Exchange Act of 1934? Yes No

If so, what is the SEC file Number? _____

2. The following financial data is the latest available information and refers to the debtor's condition on (date) 06/22/18.

a. Total assets: \$ 9,037,384

b. Total debts (including debts listed in 2.c., below): \$ 3,083,432

c. Debt securities held by more than 500 holders

Approximate
number of
holders:

secured
secured
secured
secured
secured

unsecured
unsecured
unsecured
unsecured
unsecured

subordinated
subordinated
subordinated
subordinated
subordinated

\$ _____
\$ _____
\$ _____
\$ _____
\$ _____

d. Number of shares of preferred stock
e. Number of shares of common stock

Comments, if any:

I believe this
section is N/A
AS MBF is not
a public company
reporting to SEC,
correct?

3. Brief description of the debtor's business:

4. List the name of any person who directly or indirectly owns, controls, or holds, with power to vote, 5% or more of the debtor's voting securities:

Part B. Equity Security Holders

Ilist the names and addresses of all equity security holders:

UNITED STATES BANKRUPTCY COURT
DISTRICT OF NEW MEXICO

In re **MBF Inspection Services, Inc.**

, Case No.: 18-11579

Debtor(s).

NON-INDIVIDUAL DEBTOR'S OMNIBUS SIGNATURE PAGE AND DECLARATION

Check all that apply:

Voluntary Petition for Non-Individuals Filing for Bankruptcy (Form 201): The debtor requests relief in accordance with the chapter of title 11, United States Code, specified in the petition. I have been authorized to file this petition on behalf of the debtor. I have examined the information in the petition and have a reasonable belief that the information is true and correct.

Declaration Under Penalty of Perjury for Non-Individual Debtors (Form 202): I am the president, another officer, or an authorized agent of the corporation, a member of an authorized agent of the partnership, or another individual serving as a representative of the debtor in this case. I have examined the information in the following documents checked below and have a reasonable belief that the information is true and correct.

- Schedule A/B: *Assets-Real and Personal Property* (Official Form 206 A/B)
 Schedule D: *Creditors Who Have Claims Secured by Property* (Official Form 206 D)
 Schedule E/F: *Creditors Who Have Unsecured Claims* (Official Form 206 E/F)
 Schedule G: *Executory Contracts and Unexpired Leases* (Official Form 206G)
 Schedule H: *Codebtors* (Official Form 206H)
 Summary of Assets and Liabilities for Non-Individuals (Official Form 206Sum)
 Amended Schedule _____
 Chapter 11 or Chapter 9: *List of Creditors Who have the 20 Largest Unsecured Claims and Are Not Insiders* (Official Form 204)
 Other document that requires a declaration: _____

Statement of Your Financial Affairs for Non-Individuals Filing for Bankruptcy (Form 207): I have examined the information in the *Statement of Financial Affairs* and any attachments and have a reasonable belief that the information is true and correct.

I declare under penalty of perjury that the foregoing is true and correct.


Signature of non-individual debtor's authorized representative

Frank Sturges

Printed name

President

Title

Executed on

7/6/18

**United States Bankruptcy Court
District of New Mexico**

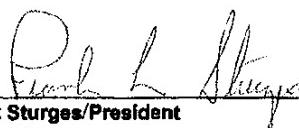
In re MBF Inspection Services, Inc. _____ Case No. 18-11579
Debtor(s) Chapter 11

VERIFICATION OF CREDITOR MATRIX

I, the President of the corporation named as the debtor in this case, hereby verify that the attached list of creditors is true and correct to the best of my knowledge.

Date:

7/10/18



Frank Sturges/President
Signer/Title

Fill in this information to identify the case:

Debtor name	<u>MBF Inspection Services, Inc.</u>
United States Bankruptcy Court for the:	<u>DISTRICT OF NEW MEXICO</u>
Case number (if known)	<u>18-11579</u>

Check if this is an amended filing

Official Form 202

Declaration Under Penalty of Perjury for Non-Individual Debtors 12/15

An individual who is authorized to act on behalf of a non-individual debtor, such as a corporation or partnership, must sign and submit this form for the schedules of assets and liabilities, any other document that requires a declaration that is not included in the document, and any amendments of those documents. This form must state the individual's position or relationship to the debtor, the identity of the document, and the date. Bankruptcy Rules 1008 and 9011.

WARNING -- Bankruptcy fraud is a serious crime. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Declaration and signature

I am the president, another officer, or an authorized agent of the corporation; a member or an authorized agent of the partnership; or another individual serving as a representative of the debtor in this case.

I have examined the information in the documents checked below and I have a reasonable belief that the information is true and correct:

- Schedule A/B: Assets—Real and Personal Property (Official Form 206A/B)
 Schedule D: Creditors Who Have Claims Secured by Property (Official Form 206D)
 Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 206E/F)
 Schedule G: Executory Contracts and Unexpired Leases (Official Form 206G)
 Schedule H: Codebtors (Official Form 206H)
 Summary of Assets and Liabilities for Non-Individuals (Official Form 206Sum)
 Amended Schedule
 Chapter 11 or Chapter 9 Cases: List of Creditors Who Have the 20 Largest Unsecured Claims and Are Not Insiders (Official Form 204)
 Other document that requires a declaration Petition

I declare under penalty of perjury that the foregoing is true and correct.

Executed on 7/10/18

X 
Signature of individual signing on behalf of debtor

Frank Sturges
Printed name

President
Position or relationship to debtor